



ILLINOIS MEDICAL ASSISTANCE PROGRAM PROVIDER BULLETIN

TO: All Participating Hospitals: Chief Executive Officers, Chief Financial Officers, and
Patient Accounts Managers

04/18/01

RE: Coverage of the Drug Mifepristone for Termination of Pregnancy

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The purpose of this bulletin is to advise hospitals of the Department's reimbursement policy relating to the use of Mifepristone to terminate a pregnancy. On September 28, 2000, the Food and Drug Administration (FDA) approved the use of Mifepristone for the termination of pregnancy. Therefore, effective with dates of service on or after September 28, 2000, the Department will provide reimbursement for the use of this drug in terminating a pregnancy. Participants enrolled in a Managed Care Organization (MCO), who seek these services from outside the network, must get preauthorization from the MCO.

The use of Mifepristone, in conjunction with Misoprostol, as a method to terminate a pregnancy is **only** a covered service when the reason for performing the procedure complies with Department policy and it is administered in accordance with the FDA protocol. The Department's policy states termination of a pregnancy is **only** covered when, in the professional judgment of a physician licensed to practice medicine in all of its branches, the life of the patient would be endangered if the fetus were carried to term, or the pregnancy is the result of rape or incest, or the procedure is performed to protect the patient's health.

To request payment for an abortion, a DPA 2390, Abortion Payment Application, **must** be completed and submitted along with the hospital's claim. The DPA 2390 has been revised to include the following Department codes for billing termination of pregnancy by use of Mifepristone:

- W7576 To be used when the abortion is being performed to save the life of the patient.
- W7577 To be used when the abortion is being performed as a result of rape.
- W7578 To be used when the abortion is being performed as a result of incest.
- W7579 To be used when the abortion is being performed to protect the health of the patient.

The Department will reimburse for the salaried physician at a global rate of \$125.00 for all three visits required to complete the procedure. The three visits consist of the initial visit, the two day follow-up and two week follow-up required under the FDA protocol. The hospital may bill the Department after the first visit. In the event that the patient does not return for the follow-up visits and seeks treatment from another physician, the Department will not require a refund of the global payment made after the first office visit. In this situation, the physician providing the follow-up services should use the appropriate CPT code to bill for the visit.

Procedure code S0190 must be used to bill for the drug Mifepristone taken at the first visit and is reimbursed at \$324.00 for the three-pill dosage. Procedure code S0191 must be used to bill for the drug Misoprostol taken at the second visit and is reimbursed at \$2.56 for the two-pill dosage.

Charges for non-APL tests performed, such as beta tests, must be billed using the appropriate CPT code. **NOTE:** If any APL-billable procedures, such as ultrasounds, are performed, the procedures must be billed on the UB-92.

The revised DPA 2390, Abortion Payment Application, is available on the Department's website, along with this bulletin (H200-01-2), so that hospitals may update the form in Appendix H-10 of the Hospital Handbook. The Hospital Handbook itself is currently not available on the Department's website. In addition, your fee-for-service billing staff may obtain replacement pages relating to the reimbursement of Mifepristone for the Handbook for Physicians by downloading Bulletin A200-01-1. All of these documents are available at <http://www.state.il.us/dpa>

The documents are in Adobe Portable Document Format (PDF). In order to view or print the documents, you will need to have Adobe Acrobat Reader installed on your computer. Adobe Acrobat Reader is available to download free from the Adobe homepage at <http://www.adobe.com>

If you do not have access to the Internet, or need a paper copy, printed copies are available upon written request. To ensure delivery, you must specify a physical street address when making a request for a paper copy. Submit your written request or fax to:

Illinois Department of Public Aid
Provider Participation Unit
Post Office Box 19114
Springfield, Illinois 62794-9114

Fax Number: (217) 557-8800

E-mail address : PPU@mail.idpa.state.il.us

If you have any questions regarding this bulletin, please contact the Bureau of Comprehensive Health Services at (217) 782-5565.

INSTRUCTIONS FOR UPDATING THE HANDBOOK FOR HOSPITALS:

Remove Appendix H-10 dated March 1995 and replace with Appendix H-10 dated April 2001.



Illinois Department of Public Aid

Abortion Payment Application

Recipient Name _____

Recipient Address _____ Case

Recipient

Identification No. _____ Identification No. _____

I performed an abortion for the patient named above

at _____ on

Location (Name, City)

Date

The abortion was performed because:

(Circle one code only)

SurgicalMifepristone

The abortion was necessary due to a physical disorder, injury, or illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would place the woman in danger of death unless an abortion is performed.

W7452

W7576

The recipient reported that the pregnancy was the result of rape.

W7462

W7577

The recipient reported that the pregnancy was the result of incest.

W 7463

W7578

The abortion was necessary to protect the woman's health.

W7599

W7579

I understand that completion of this form is for Medical Assistance payment purposes only._____
Physician performing abortion (Please Print)_____
Medicaid Provider Number_____
Street Address_____
City_____
State_____
Zip_____
Signature of physician performing abortion_____
Date

Completion mandatory, Il. Rev. Stat., Ch. 23, P.A. Code. Penalty non-payment.
Forms approved by the Forms Management Center.

DPA 2390 (R-2-01)

IL478-1474

COMPLETION OF FORM DPA 2390 ABORTION PAYMENT APPLICATION

Note: If any of the following items are not completed as outlined below, the invoice and the Payment Application Form will be returned to the provider. Entries must be typed or printed in black ink.

ITEM	INSTRUCTIONS
Recipient Name	Must be recipient's first and last name.
Recipient's Address	Must be completed with recipient's address.
Recipient's Case Identification Number	Must be completed with recipient's case identification number.
Recipient I.D. Number:	Must be completed with recipient's I.D. number. Must match recipient's I.D. number on invoice.
Location	Must be the facility name and address where procedure was performed. If procedure was performed in an office setting, enter the name and address of the physician or clinic.
Date	Must be the date service was performed.
Abortion Reason	Circle one procedure code only indicating why and how the procedure was performed. Must match procedure code on the invoice.
Physician Performing Abortion	Print the physician's full name.
Medicaid Provider Number	Enter the provider's Medicaid number or state license number.
Street Address	Enter the provider's office street address.
City, State, Zip	Enter the provider's office city, state, and zip code.
Signature of Physician Performing Abortion	This is an original signature in black ink of the physician who performed the abortion.

Date

Enter the date the physician signed the application.